

FORM 9
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

City of Toronto

(County/District/Regional Municipality/Town/City in which premises are situated)

United Health Toronto St. Michael's Hospital, 30 Bond Street, Toronto ON M5B 1W8

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

Booster Pump replacement

(short description of the improvement)

to the above premises was substantially performed on **May 30th 2021**

(date substantially performed)

Date certificate signed: _____

Katelyn

Marie Poyntz

Digitally signed by Katelyn Marie
Poyntz
Date: 2021.07.14 10:27:48 -04'00'

(payment certifier where there is one)

(owner and contractor where there is no payment certifier)

Name of owner: **Unity Health Toronto**

Address for service: **2 Queen Street East, Toronto ON M5C 3G7**

Name of contractor: **Black & McDonald**

Address for service: **31 Pullman Court, Scarborough On M1X 1E4**

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

(if a lien attaches to the premises, a legal description of the premises,
including all property identifier numbers and addresses for the premises)

☐ B. Office to which claim for lien must be given to preserve lien:

Katelyn Marie Poyntz United Health Toronto St. Michael's Hospital, 30 Bond Street, Toronto ON M5B 1W8

(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)